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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Attorney Docket No.

END-5293

First Inventor: Mark Tsonton et al.

Title: BIOPSY DEVICE

I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail - Post Office to Addressee in an envelope addressed to: Assistant Commissioner for Patents, Box-Patent Application, Washington, DC 20231.

Name:

Kimberly M. Moses
Kimberly M. Moses

Date:

3-24-04
March 24, 2004

(only for new nonprovisional applications under 37 CFR 1.53(b))

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APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
3. ☒ Specification [Total Pages 25]
(Preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 USC 113) [Total Sheets 11]
5. Oath or Declaration [Total Pages 3]
 - a. ☒ Executed Copy
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement
(IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Request and Certifications under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Application Cover Sheet
w/Express Mail Certification

18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed .

Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label **000027777** or ☒ Correspondence Address below

Name: Philip S. Johnson, Esq.

Address: Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT: Please direct all telephone calls or facsimiles to: Gerry S. Gressel

Telephone: (513) 337-3535

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21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

Gerry S. Gressel

Reg. No. 34,342

SIGNATURE

Gerry S. Gressel

DATE

March 24, 2004

22390 U.S. PTO
10/808078

032404

	<i>Complete if Known</i>	
	Application Number	
	Filing Date	March 24, 2004
	First Named Inventor	Mark Tsonton et al.
	Group Art Unit	
	Examiner Name	
Attorney Docket Number		END-5293

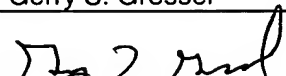
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED TOTAL	NUMBER EXTRA	RATE	BASIC FEE \$770.00
TOTAL CLAIMS	20 + 0 = 20	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	3 + 0 = 3	0	x 86.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	X 280.00	
			TOTAL FEES	\$770.00

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SUBMITTED BY:		<i>Complete (if applicable)</i>
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Signature		Date: 03/24/04
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